

## **IV. Referral and Placement of an Eligible Client to Appropriate Housing Providers**

- A. The community provider and the client/guardian will determine appropriate level of care and identify placement options. This process may begin prior to submission of the “referral packet” described in the previous section. For DMH inpatients, assigned community provider staff will work with the DMH treatment team and the client to identify options. For all clients, assigned staff may ask SCL for consultation and technical assistance.
- B. The community provider will contact the residential provider(s) and send out clinical information to facilities/programs which are approved by SCL offices to receive referrals.
  - 1. The community provider will maintain contact with residential facilities to obtain their answer on accepting the referred client and will keep the client/guardian and the referring facility informed of progress.
  - 2. Visits by the client to prospective residential facilities/programs may be requested by the client or the facility; assigned community provider staff will work with contract residential provider and with staff of referring facility to arrange pre-placement visits.
  - 3. For DMH inpatient forensic clients, the community provider will verify consistency between proposed placements and the Conditional Release Order or Court Docket.
- C. When the consumer or guardian, community provider, and residential provider have agreed on a placement location, the community provider will notify SCL by submitting a referral packet (see Section III). SCL will send a letter confirming its determination of eligibility and the effective date to the community provider and residential provider.
- D. Once placement has been identified, the community provider will notify the client/guardian and send the following “placement packet” to the residential provider:
  - 1. Face Sheet (Draft 08/04/04) [See above. The Face Sheet includes the name of the client’s guardian and commitment status (if applicable).]
  - 2. Psychiatric Assessment (including current diagnosis), done within the last year, signed by a physician or licensed psychologist.
  - 3. Physical Exam (done within the last 6 months, if available)
  - 4. Social History and Assessment
  - 5. Current Treatment Plan
  - 6. Psychological Evaluation [if available]
  - 7. Burial Plan information [if available]
  - 8. Copy of guardianship, conservatorship, or durable power of attorney document (if applicable)
  - 9. DA 124 A, B, C [Hospitals complete for clients referred to Title XIX nursing homes]
  - 10. For forensic clients, a copy of the current court order/conditional release.

E. Before placement:

1. The community provider will verify Department of Health and Senior Services approval letter for nursing home placements, or verbal confirmation of approval from Medical Review Unit at the Department of Health and Senior Services (573-526-8609).
2. The community provider staff coordinates transportation of the client to the placement site with the residential provider.
3. The community provider staff notifies the family or guardian of placement, as appropriate.
4. The community provider staff forwards to the residential provider additional information not included in the placement packet, if appropriate.